



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENT
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

Paper No. 4

MALIN HALEY AND DIMAGGIO, PA
1936 S. ANDREWS AVENUE
FORT LAUDERDALE, FL 33316

COPY MAILED

NOV 05 2002

OFFICE OF PETITIONS

NOTICE

In re Application of
Fink Ronald et al
Application No. 10/065,131
Filed: September 19, 2002
Attorney Docket No. 65564816

:
:
:
:
:

The notice mailed October 25, 2002 is hereby vacated as of the mail date of this notice. The Office Finance records show that the entity status for the above application is small. The Office sincerely apologizes for any inconvenience caused in this matter.

Telephone inquiries concerning this communication should be directed to Irvin Dingle at (703) 306-5684.

Irvin Dingle
Petitions Examiner
Office of Petitions
Office of the Deputy Commissioner
for Patent Examination Policy

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/1/02</u>		2 Serial/Patent # <u>10/065,131</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ 370.							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input checked="" type="checkbox"/>	Other <u>203</u>			\$ 99							
MALIN HALEY AND DIMAGGIO, PA 1936 S. ANDERSON AVENUE FT. LAUDERDALE, FL 33316		7 TOTAL AMOUNT OF REFUND		\$ 469.							
		8 TO BE REFUNDED BY:									
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check								
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>3</td><td>--</td><td>1</td><td>1</td><td>3</td><td>0</td> </tr> </table>			1	3	--	1	1	3	0
1	3	--	1	1	3	0					
<input type="checkbox"/>	No Fee Due (Explanation):										
<p><i>The fees were inadvertently charged to large.</i></p> <p><i>The correct entity status is small.</i></p>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>LEVIN DINGLE</u>		TITLE: <u>PARALEGAL</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306-5684</u>									
OFFICE: <u>Petitions</u>											

THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: <u>[Signature]</u>		DATE: <u>11/1/02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**